

B1 (Official Form 1)(04/13)

<b>United States Bankruptcy Court</b> <b>Southern District of New York</b>		<b>Voluntary Petition</b>
Name of Debtor (if individual, enter Last, First, Middle): Citicare, Inc.		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) 13-3942051		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 154 West 127th Street New York, NY <div style="text-align: right;">ZIP Code 10027</div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>
County of Residence or of the Principal Place of Business: New York		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
<b>Type of Debtor</b> (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Nature of Debts</b> (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

Citicare, Inc.

**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: - None -

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X**

Signature of Attorney for Debtor(s)

(Date)

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

Citicare, Inc.

**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of Attorney\***

**X** /s/ Gabriel Del Virginia, Esq.  
Signature of Attorney for Debtor(s)

Gabriel Del Virginia, Esq. (GDV-4951)  
Printed Name of Attorney for Debtor(s)

LAW OFFICES OF GABRIEL DEL VIRGINIA  
Firm Name

880 Third Avenue,  
13th Floor,  
New York, NY 10022

\_\_\_\_\_  
Address

Email: gabriel.delvirginia@verizon.net  
212-371-5478 Fax: 212-371-0460

\_\_\_\_\_  
Telephone Number

June 6, 2013

\_\_\_\_\_  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Silva Umukoro  
Signature of Authorized Individual

Silva Umukoro

\_\_\_\_\_  
Printed Name of Authorized Individual

President

\_\_\_\_\_  
Title of Authorized Individual

June 6, 2013

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_

\_\_\_\_\_  
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court**  
**Southern District of New York**

In re Citicare, Inc.

Debtor(s)

Case No.

Chapter 11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
James McKnight	James McKnight			6,300.00
Absylom Myamekye	Absylom Myamekye			5,000.00
Antonio Richardson	Antonio Richardson			10,500.00
Axis Point Alternative Solutio 80 River St. Hoboken, NJ 07030	Axis Point Alternative Solutio 80 River St. Hoboken, NJ 07030			7,590.00
Belkin Burden Wenig & Goldman 270 Madison Ave New York, NY 10022	Belkin Burden Wenig & Goldman 270 Madison Ave New York, NY 10022			6,170.90
Bendiner & Schlesinger 140 58th Street Suite 8D Brooklyn, NY 11220	Bendiner & Schlesinger 140 58th Street Suite 8D Brooklyn, NY 11220			6,218.65
Con Edison 4 Irving Place New York, NY 10016	Con Edison 4 Irving Place New York, NY 10016			4,881.51
Con Edison 4 Irving Place New York, NY 10016	Con Edison 4 Irving Place New York, NY 10016			6,333.29
eclinicalworks, llc 140 Broadway 50th Floor New York, NY 10005	eclinicalworks, llc 140 Broadway 50th Floor New York, NY 10005			6,305.62
Elsa Neilan	Elsa Neilan			11,050.00
Emdeon Business Services P.O. Box 572490 Salt Lake City, UT 84157	Emdeon Business Services P.O. Box 572490 Salt Lake City, UT 84157			4,740.00

B4 (Official Form 4) (12/07) - Cont.

In re Citicare, Inc.

Case No.

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Freifeld Associates 1890 Palmer Avenue Larchmont, NY 10538	Freifeld Associates 1890 Palmer Avenue Larchmont, NY 10538			4,437.50
Harland Kessarlis	Harland Kessarlis			9,540.00
Internal Revenue Service 11601 Roosevelt Blvd. P.O. Box 21126 Philadelphia, PA 19114	Internal Revenue Service 11601 Roosevelt Blvd. P.O. Box 21126 Philadelphia, PA 19114		Contingent Unliquidated Disputed	1,103,953.89
James McKnight	James McKnight			6,300.00
NYS Dept of Health	NYS Dept of Health			684,163.69
NYS Dept of Tax & Finance Bankruptcy Unit-TCD Building 8, Room 455 W.A. Harr Albany, NY 12227	NYS Dept of Tax & Finance Bankruptcy Unit-TCD Building 8, Room 455 W.A. Harr Albany, NY 12227	Income tax	Contingent Unliquidated Disputed	132,000.00
Samad Namin c/o Rogers Wughghalter, Esqs 800 Grand Concourse Bronx, NY 10451	Samad Namin c/o Rogers Wughghalter, Esqs 800 Grand Concourse Bronx, NY 10451	Litigation claim	Contingent Unliquidated Disputed	132,302.00
Tyco Integrated Security LLC	Tyco Integrated Security LLC			5,261.36
Upper Manhattan Empowerment	Upper Manhattan Empowerment	Loan		79,224.66

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date June 6, 2013

Signature /s/ Silva Umukoro  
Silva Umukoro  
President

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

JAMES MCKNIGHT

ABLE FIRE PREVENTION CORP.  
241 WEST 26TH STREET  
NEW YORK, NY 10022

ABSYLOM MYAMEKYE

AIR DOC'S INC.  
12 GLEN PLACE  
NEW ROCHELLE, NY 10801

ANTONIO RICHARDSON

APPROVED STORAGE AND WASTE  
110 EDISON AVE  
MOUNT VERNON, NY 10550

ARNOLD HERNANDEZ

ARTHUR SMITH

AXIS POINT ALTERNATIVE SOLUTIO  
80 RIVER ST.  
HOBOKEN, NJ 07030

BELKIN BURDEN WENIG & GOLDMAN  
270 MADISON AVE  
NEW YORK, NY 10022

BENDINER & SCHLESINGER  
140 58TH STREET  
SUITE 8D  
BROOKLYN, NY 11220

BORIS CHUSID

CINTAS CORP  
P.O. BOX 630803  
CINCINNATI, OH 45263

CITICARE PROPERTIES LLC

CON EDISON  
4 IRVING PLACE  
NEW YORK, NY 10016

CON EDISON  
4 IRVING PLACE  
NEW YORK, NY 10016

CON EDISON  
4 IRVING PLACE  
NEW YORK, NY 10016

CORY FELDMAN

CROKER FIRE DRILL

DEER PARK

ECLINICALWORKS, LLC  
140 BROADWAY  
50TH FLOOR  
NEW YORK, NY 10005

ELSA NEILAN

ELTECH INDUSTRIES  
14 VAN CORTLANDT EAST  
BRONX, NY 10468

EMDEON BUSINESS SERVICES  
P.O. BOX 572490  
SALT LAKE CITY, UT 84157

ERICA ELEAM

FDNY

FREIFELD ASSOCIATES  
1890 PALMER AVENUE  
LARCHMONT, NY 10538

HARLAND KESSARIS

INTERNAL REVENUE SERVICE  
11601 ROOSEVELT BLVD.  
P.O. BOX 21126  
PHILADELPHIA, PA 19114

INTERNAL REVENUE SERVICE  
C/O US ATTORNEYS OFFICE-SDNY  
86 CHAMBERS STREET  
NEW YORK, NY 10007

IRS/CENTRALIZED INSOLVENCY OP.  
POST OFFICE BOX 21126  
PHILADELPHIA, PA 19114

JAMES MCKNIGHT

JEFFREY GARDERE

KARL CRINCIEONE

MANUEL MARTINEZ

MEDSTOCK INC.



NYS CHILD SUPPORT PROCESSING C

NYS DEPT OF HEALTH

NYS DEPT OF TAX & FINANCE  
BANKRUPTCY UNIT-TCD  
BUILDING 8, ROOM 455 W.A. HARR  
ALBANY, NY 12227

SAMAD NAMIN  
C/O ROGERS WUGHGHALTER, ESQS  
800 GRAND CONCOURSE  
BRONX, NY 10451

SILVA UMUKORO  
15 STIRRUP  
PRINCETON, NJ 08540

STAPLES  
PO BOX 9029  
DES MOINES, IA 50368-9020

TIME WARNER  
41-81 KISSENA BLVD.  
FLUSHING, NY 11355

TYCO INTEGRATED SECURITY LLC

UPPER MANHATTAN EMPOWERMENT

VERIZON WIRELESS  
PO BOX 17120  
TUCSON, AZ 85731-7120

VICTOR BROWN

VICTORY MEDICAL CLAIMS SERVICE

XCHANGE TELECOM CORP

**United States Bankruptcy Court  
Southern District of New York**

In re Citicare, Inc.

Debtor(s)

Case No.  
Chapter

11

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Citicare, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s) equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

June 6, 2013

Date

/s/ Gabriel Del Virginia, Esq.

Gabriel Del Virginia, Esq. (GDV-4951)

**Signature of Attorney or Litigant**

**Counsel for** Citicare, Inc.

LAW OFFICES OF GABRIEL DEL VIRGINIA

880 Third Avenue,

13th Floor,

New York, NY 10022

212-371-5478 Fax: 212-371-0460

gabriel.delvirginia@verizon.net